

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 5, 2003.

I. DISPUTE

Whether there should be reimbursement of CPT code 99214 for date of service 9/8/03.

II. RATIONALE

The requestor seeks reimbursement for an office visit (CPT code 99214) rendered on 9/8/03, denied by the carrier as "TG-Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes' value per Rule 133.301 (B). A revised CPT code or documentation to support the service billed may be submitted". Review of the follow up note dated 9/8/03, meets the documentation criteria set forth by the American Medical Associations 2003 CPT coding book. Review of the Trailblazer, Medicare Fee Schedule revealed the reimbursement amount for CPT code 99214 in Tarrant County of \$78.48, 125% multiplied to the conversion factor = \$98.10. The requestor, is therefore, entitled to reimbursement in the amount of \$98.10.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99214 in the amount of **\$98.10**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$98.10** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo